

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/733801

FILING DATE

12-09-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		2				
5		2				
6		2				
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14		2				
15		2				
16	1					
17	1					
18		2				
19		2				
20	1					
21	1					
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49						
50						
TOTAL IND.	14	↓		↓		↓
TOTAL DEP.	14	↓		↓		↓
TOTAL CLAIMS	28					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS